# SURGICAL TECHNIQUE SHORT HUMERAL NAIL AND LONG HUMERAL NAIL





#### Short humeral nail and long humeral nail

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#### **Indications:**

Short humeral nail and long humeral nail are intended to treat:

- stable or unstable broken parts of the humeral head
- pathological fractures
- pseudoarthrosis, humeral shaft

Nail allows for osteosynthesis of the humerus and it is introduced anterograde. Numerous locking options allow fair fixation even on short bone fragments. The aim of fixation is reposition of head dislocation, its stable connection to humeral shaft and reconstruction of the rotator cuff – either by suture or fixation of both humeral bumps.

#### Warning:

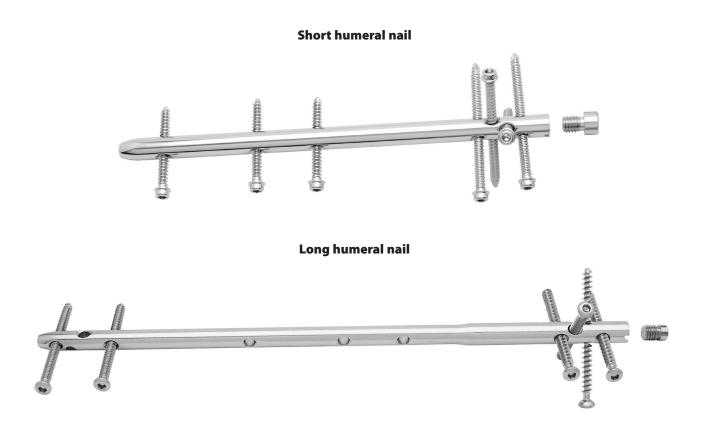
Within the proximal locking, when the location of locking holes is precisely determined, it is necessary to consider the position of neurovascular bundle and axillary nerve. It is necessary to avoid their damage mainly when making locking holes and within the introduction of locking screws.

While performing distal locking, it is necessary to respect the course of the brachial artery and median nerve. Ventrodorsal locking is recommended. Lateromedial locking is only possible in exceptional indications, bearing the risk of radial nerve damage.

## **Implant:**

Short and long humeral nails are made of implant steel (under ISO 5832-1) or Ti6Al4V alloy (under ISO 5832-3). It is not allowed to combine these materials for nails and screws. Nails are filled nails with a circular cross-section of 6, 7, 8 and 9 mm in diameter. **Short humeral nail** is available in diameters of 6, 7, 8, 9 mm in 150 mm length. **Long humeral nail** is available in diameters of 6, 7, 8, in 190 mm to 290 mm length. In 20 mm steps.

Humeral nail implant system consists of the right or left nail of the diameter 6, 7, 8 or 9 mm, and the respective length. One or more cortical self-tapping screws of 3.5 mm diameter for nails of 7, 8, 9 mm diameter or 2.7 mm for 6 mm diameter nails and between one and four cancellous bone screws 4 mm in diameter, which are to lock the nail. The nail can be closed with a plug 0, 5 or 10.



#### Surgical technique

#### 1. Position of the patient

The patient is placed on the operating table in a semi-sitting position. The arm on operated side is supported, the head is rotated to the healthy arm. Another option is to place the patient into supine position, allowing the limbs extend outside the table, ensuring their free travel outside the operating table.

## 2. Fracture reduction

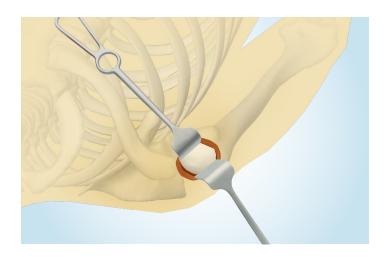
Under the X-ray control, fracture reduction is implemented in both projections. In the case of purely ligamentous rupture of the rotator cuff, we are to start stitches for its later repair. Investigate the condition of glenoidal acetabulum, surface and location of the humeral head, dislocation of bumps and the position of humeral diaphysis. We perform the reduction by introducing elevatorium within the fracture line, limb manipulation, pulling stitches using the bumps, and the introduction of auxiliary Kirschner wires.

# 3. Surgical approach

Several surgical approaches are available: Limited transdeltoid approach (recommended), classic deltoideopectoral and minimally invasive.

Limited transdeltoid approach: entry point under visual control, protection of the long head of biceps, revision (and reconstruction) of the rotator cuff, palpation revision of the shoulder joint, the orientation of the humeral head position, the idea of reduction, fracture line revision, palpation inspection of nail insertion, repair of humeral bumps (screws, rope over bit), control of the nail introduction depth. This improves the quality of osteosynthesis and reduces the exposure to X-rays.

The incision is brought in front of the AC joint, parallel to the peripheral end of the clavicle, it should not reach 4 cm below the acromion (risk of injury to a. axillaris, the length of the arm, amount of soft tissue and anatomical varieties must be taken into account). After parting the fibers of the deltoid muscle longitudinally we reach the shoulder joint capsule. Cut the capsule lengthwise, you will usually need to remove the haemorrhage and detect the rotator cuff Entry Point is located at the top of the humeral head.



# 4. Entry point establishment

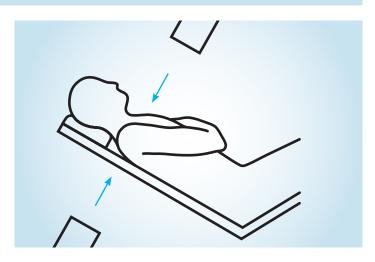
Create the entry point using a cutter and olive wire.

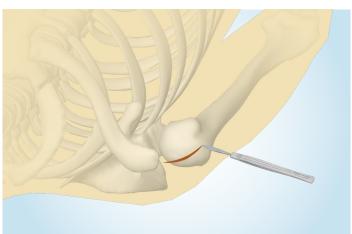
First find the point of entry using the wire with olive, then place the cutter sleeve on the wire and insert spacer sleeve into the cutter sleeve. Then introduce the wire into the bone up to the olive.

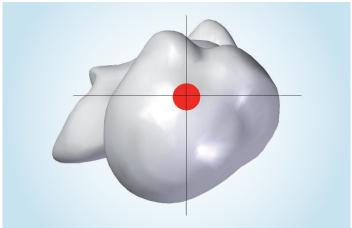
Remove the spacer sleeve and using the wire, place the cutter clamped in a drill to create the entry point. Mill through the cutter sleeve. Cutter is equipped with a scale that determines the depth of milled bone. 15mm of bone is recommended to be milled-off. Deeper plunge is possible at the discretion and need of the surgeon. Cutters are available in two versions. Ø 9 mm cutter for nails with a diameter of 9 mm and Ø 8 mm cutter for nails with diameters 6, 7 and 8 mm.



 $\ensuremath{\text{\emptyset}}$  9 mm cutter is fitted with a black marked tape.







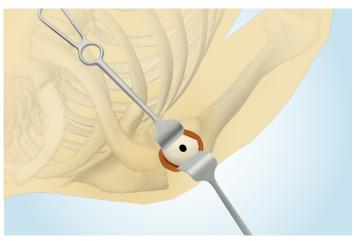




After milling the opening, take off the cutter and the sleeve and pull out the wire with olive with the milled-off bone. The correct trephination is confirmed by a regular roller pushed out of the cutter.

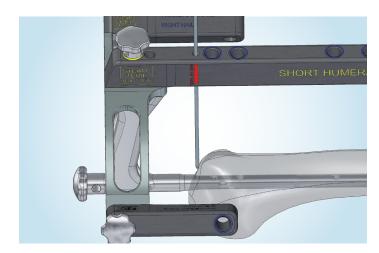


Note: An alternative is to create an entry point with a punch. It can be used in cases where the humeral head is not damaged in the vicinity of the entry point.



## 5. Nail introduction

The nail is introduced by hand as far into the bone cavity as possible. The nail must be fully nested in the cavity of bone. Introduction can be checked with X-ray; aiming device is provided with a groove, which indicates the end of the nail. Other option is by Ø 2 mm, when the wire introduced into the hole of the aiming device marked by a red groove and the text "nail end" on the crossbar. The introduction of the nail, especially when passing through the fracture line, must be checked with the X-ray amplifier.



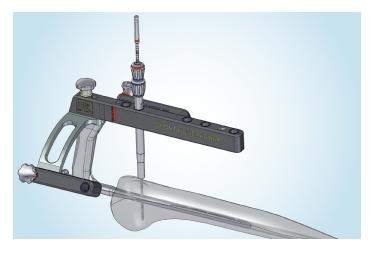
# 6. Creating a hole for screws

Insert the blue-labeled sleeve (Ø 8 / 6.1 sleeve) into the aiming device. Push the sleeve to the skin, in order to create the incision site. Insert a centre punch into the sleeve and slide it to the bone. Press the centre punch lightly to create a mark in the bone for better guidance of the drill. Then remove the centre punch and insert the blue- and red -labeled sleeve (Ø 6.1 / 2.7). Drill a hole into the bone through this sleeve. The drill is equipped with a scale to determine the necessary length of the screw. This sleeve is used for introduced nail with a diameter of 7, 8 and 9 mm. Nails with a diameter of 6 mm must be drilled with a red drill bit only in the humeral head area. Drill holes in the shaft with a Ø 2 mm yellow-marked wire using a blue- and yellow-marked sleeve (6.1 / 2.1 sleeve).



#### Color coding of products



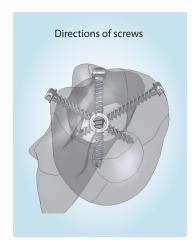


#### 7. Screw introduction

Screw of determined length is put into a screwdriver and inserted into the bone through the sleeve. The screwdriver is provided with a scale that shows how far the screw still needs to be screwed.

The recommended procedure is to introduce two cancellous bone screws in the frontal plane into the head, then fix nail into the shaft. Finally introduce oblique cancellous bone screws into the head after the reduction of large bumps. Bumps can be fixed directly using cancellous screws (palpation control), fixation-based non-resorbable stitches, or a combination of both methods.

*Note*: Cancellous screws HB 4 are intended for openings in the humeral head, cortical screws HA 3.5 are intended for openings in the shaft. Use cortical screws HA 2.7 in the diaphysis for Ø 6 mm nails.







# 8. Distal locking of long nails

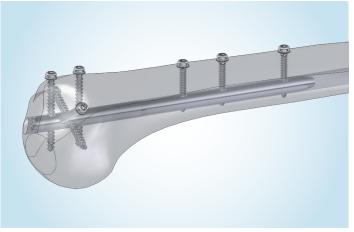
Long humeral nails can be locked in the distal part using cortical screws 3.5 mm in diameter for  $\emptyset$  7 and 8 mm nails. And  $\emptyset$  2.7 mm cortical screws for  $\emptyset$  6 mm nails. Locking in the distal part of the nail is performed by hand under X-ray and visual control.



# 9. Closing the nail with a plug

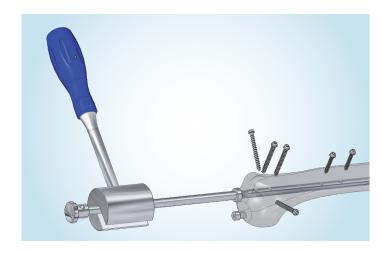
Once locking of the nail by screws is finished, dismantle the aiming device and close the nail with a plug of required length.





# 10. Recommended procedure of implants extraction

If plug has been used, it must be removed first. After removing the plug, hammer axis is screwed into the nail, to guide the hammer. If the nail is introduced deeper into the bone cavity, screw of the aiming device can be screwed into the nail first and then the axis of the hammer is screwed into it. Once you remove the last screw from the nail, you can extract the nail from the bone cavity with light hammer blows.





# 11. Concluding remarks

- Before the introduction of the nail you must check following the assembly
  of nail and aiming device whether all the openings into which screws are
  introduced, match the openings in the nail and aiming device.
- To facilitate inserting sleeves, drilling and the introduction of screws, appropriate instrumentation tools are color-coded.
- Implants can be ordered in two versions, either steel or titanium alloy. When used in one patient, they should never be combined.
- To guarantee the safe use of the implant, the MEDIN Company requires using only implants supplied by them. There must be no combination of implants by other companies.



Crossbars of the aiming device are made of X-ray translucent material Sterilization can be performed only by steam at a temperature of 134 °C! Using higher temperatures may result in permanent deformation and loss of functionality of crossbars!



# Assembly of the aiming device

# 1. Assembly of the aiming device

Assembly of basic aiming device regardless of the side of operated hand. Screw can be tightened by hand or tightening rod can be used.



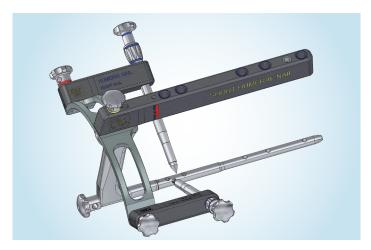
# 2. Assembly of the aiming device and the nail

Assembly of the aiming device and the nail of required diameter and side. According to the orientation of the nail (left or right) attach the crossbars to the arm of the aiming device. They are marked for right and left nail. Screws are provided with a hole for tightening rod.

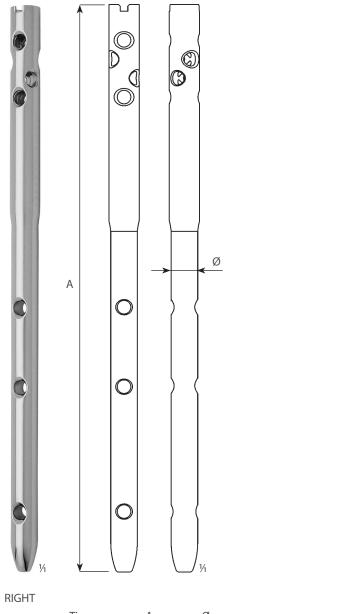


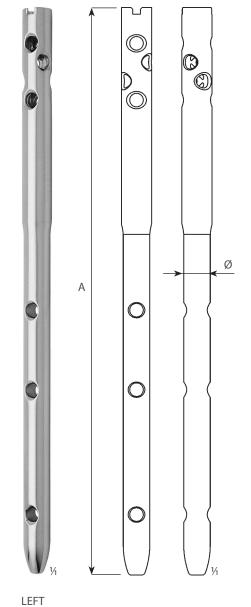
# 3. Checking the aiming device with nail

Place the sleeves into the aiming device and check all openings in the nail.  $\emptyset 8$  / 6.1 sleeve and  $\emptyset 6$  punch are suitable for checking.



# SHORT HUMERAL NAILS

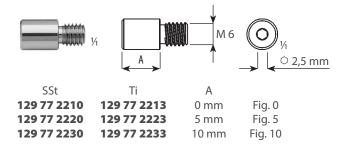




SSt	Ti	Α	Ø
129 78 3850	129 78 3853	150 mm	6 mm
129 77 8680	129 77 8683	150 mm	7 mm
129 77 8690	129 77 8693	150 mm	8 mm
129 78 6050	129 78 6053	150 mm	9 mm

SSt	Ti	Α	Ø
129 78 3860	129 78 3863	150 mm	6 mm
129 77 9500	129 77 9503	150 mm	7 mm
129 77 9510	129 77 9513	150 mm	8 mm
129 78 6060	129 78 6063	150 mm	9 mm

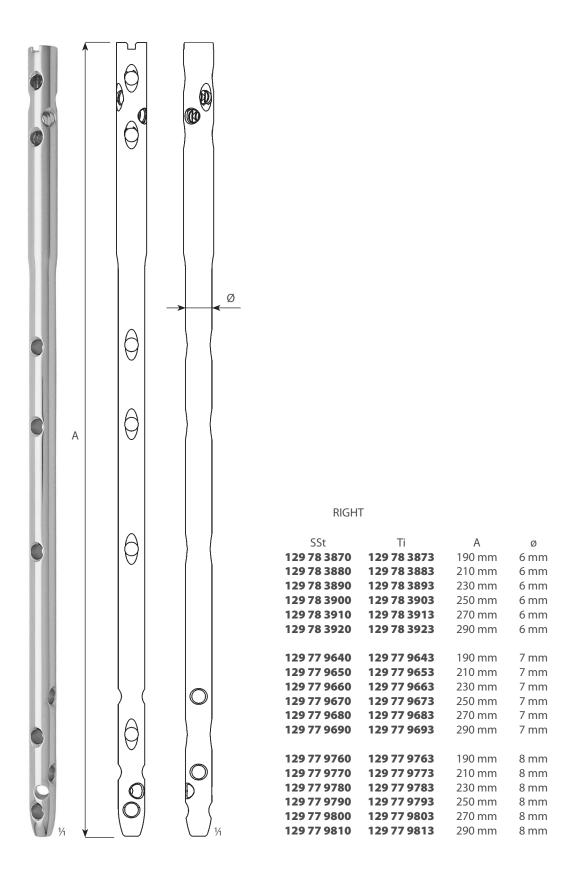
# **STOPPERS**



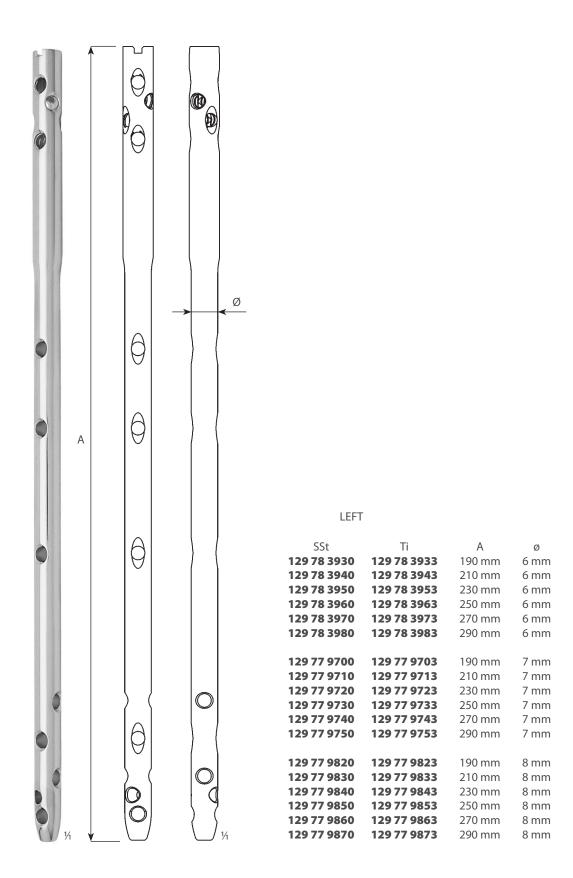
NOTES: SSt – stainless steel in accordance with ISO 5832-1

Ti – titanium version, material: Ti6Al4V ELI in accordance with ISO 5832-3

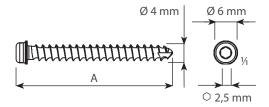
#### LONG HUMERAL NAILS



## LONG HUMERAL NAILS



## SELF-TAPPING CANCELOUS BONE SCREWS WITH FLANGED HEAD - HB 4



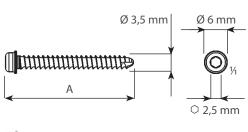


**129 79 5501** self-tapping 40 mm

NOTES: drilled with Ø 2.7 mm drill introduction by a screwdriver with 2.5 mm socket

SSt	Ti	Α
129 78 5371	129 78 5374	14 mm
129 78 5381	129 78 5384	16 mm
129 78 5391	129 78 5394	18 mm
129 78 5401	129 78 5404	20 mm
129 78 5411	129 78 5414	22 mm
129 78 5421	129 78 5424	24 mm
129 78 5431	129 78 5434	26 mm
129 78 5441	129 78 5444	28 mm
129 78 5451	129 78 5454	30 mm
129 78 5461	129 78 5464	32 mm
129 78 5471	129 78 5474	34 mm
129 78 5481	129 78 5484	36 mm
129 78 5491	129 78 5494	38 mm
129 78 5501	129 78 5504	40 mm
129 78 5511	129 78 5514	42 mm
129 78 5521	129 78 5524	44 mm
129 78 5531	129 78 5534	46 mm
129 78 5541	129 78 5544	48 mm
129 78 5551	129 78 5554	50 mm
129 78 5561	129 78 5564	55 mm
129 78 5571	129 78 5574	60 mm

# SELF-TAPPING CORTICAL BONE SCREWS WITH FLANGED HEAD - HA 3.5



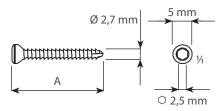


**129 78 5711** self-tapping 34 mm

NOTES: for Ø 7, 8, 9 mm humeral nails drilled with Ø 2.7 mm drill introduction by a screwdriver with 2.5 mm socket

Ti	Α
129 78 5584	8 mm
129 78 5594	10 mm
129 78 5604	12 mm
129 78 5614	14 mm
129 78 5624	16 mm
129 78 5634	18 mm
129 78 5644	20 mm
129 78 5654	22 mm
129 78 5664	24 mm
129 78 5674	26 mm
129 78 5684	28 mm
129 78 5694	30 mm
129 78 5704	32 mm
129 78 5714	34 mm
129 78 5724	36 mm
129 78 5734	38 mm
129 78 5744	40 mm
129 78 5754	42 mm
129 78 5764	44 mm
129 78 5774	46 mm
129 78 5784	48 mm
129 78 5794	50 mm
129 78 5804	55 mm
129 78 5814	60 mm
129 78 5824	65 mm
129 78 5834	70 mm
	129 78 5584 129 78 5594 129 78 5604 129 78 5614 129 78 5634 129 78 5654 129 78 5654 129 78 5664 129 78 5664 129 78 5664 129 78 5684 129 78 5704 129 78 5704 129 78 5714 129 78 5734 129 78 5754 129 78 5754 129 78 5754 129 78 5774 129 78 5774 129 78 5774 129 78 5784 129 78 5804 129 78 5814 129 78 5814 129 78 5824

# SELF-TAPPING CORTICAL BONE SCREWS - HA 2,7

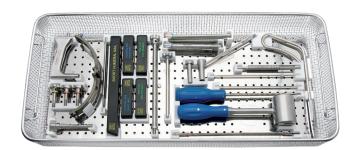


HA 2,7 **129 79 5181** self-tapping 24 mm

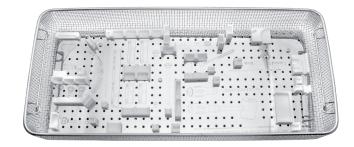
NOTES: for Ø 6 mm humeral nails drilled with Ø 2.0 mm K-wire introduction by a screwdriver with 2.5 mm socket

SSt	Ti	Α
129 79 5101	129 79 5104	8 mm
129 79 5111	129 79 5114	10 mm
129 79 5121	129 79 5124	12 mm
129 79 5131	129 79 5134	14 mm
129 79 5141	129 79 5144	16 mm
129 79 5151	129 79 5154	18 mm
129 79 5161	129 79 5164	20 mm
129 79 5171	129 79 5174	22 mm
129 79 5181	129 79 5184	24 mm
129 78 6101	129 78 6104	26 mm
129 78 6111	129 78 6114	28 mm
129 78 6121	129 78 6124	30 mm
129 78 6131	129 78 6134	32 mm
129 78 6141	129 78 6144	34 mm
129 78 6151	129 78 6154	36 mm
129 78 6161	129 78 6164	38 mm
129 78 6171	129 78 6174	40 mm

# **INSTRUMENTS FOR SHORT HUMERAL NAILS**

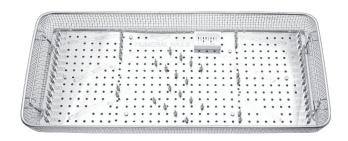


SET OF INSTRUMENTS FOR HUMERAL NAILS 139 09 0300  $540 \times 240 \times 70 \text{ mm}$  with instruments

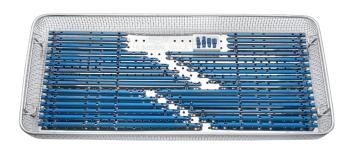


SIEVE FOR INSTRUMENTS FOR SHORT HUMERAL NAILS  ${f 129\,69\,6010}$   ${f 540}\times{f 240}\times{f 70}$  mm without instruments

## **SET OF HUMERAL NAILS**



SIEVE FOR HUMERAL NAILS  $\textbf{129 69 6020} \\ 540 \times 240 \times 50 \text{ mm} \\ \text{without implants}$ 



SET OF HUMERAL NAILS TITANIUM **139 09 0313** 540 × 240 × 50 mm with implants

## INSTRUMENTS FOR SHORT HUMERAL NAILS



129 69 6015

set

			ks
1	129 69 6320	Short humeral aiming device	1
2	129 69 6100	Wrench rod	1
3	129 09 3100	Extension wire 2×160 mm	2
4	129 09 9950	Wire with olive	1
5	129 69 6090	Cutting sleeve 9,2 mm	1
6	129 69 6280	Delimitation sleeve Ø 2,5/Ø 9	1
7	129 79 9770	Cutter Ø 8 mm	1
8	129 79 9775	Cutter Ø 9 mm	1
9	129 69 6300	Trocar humerus Ø 6 mm	1
10	129 69 6340	Sleeve Ø 8/ Ø 6,1	2
11	129 69 6350	Sleeve Ø 6,1/ Ø 2,75	2
12	129 69 6670	Sleeve Ø 6,1/ Ø 2,1	2
13	129 69 6291	Drill Ø 2,7 mm; 230 mm	2
14	129 78 9540	MEDIN K-wire 2×230 mm	2
15	129 69 5800	Screwdriver; hexagonal 2.5 mm	1
16	129 69 6050	Mallet axis	1
17	129 69 6060	Mallet 400 g	1
18	129 69 1670	Awl	1

